

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Air Resources Board Division, Department, or Region (if applicable) Street Address 1001 I Street, Sacramento 95814 Area Code/Phone Number 916-322-2884 E-mail vdavis@arb.ca.gov Agency Contact (name and title) Victoria Davis, Senior Staff Counsel		Date Stamp 	California Form 801 For Official Use Only
<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)			

2. Donor Name and Address

☐ Individual _____
 Last Name First Name
 300 Renaissance Center Detroit MI 48265
 Address City State Zip Code
 motor vehicle manufacturer
 If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.
 If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) 01/14/2011 \$ 1500
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

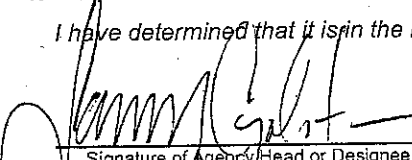
Loan of Chevrolet Volt automobile to Air Resources Board (ARB) for 2 months. Vehicle to be used by staff of ARB's Mobile Source Control Division (MSCD), in addition to those listed below.

Identify the officials for whom the payment was used:

Achtelik	Gerhard	Manager	ARB/MSCD
Last Name	First Name	Title	Department/Division
Kashuba	Michael	Staff	ARB/MSCD
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	James E. Goldstene	Executive Officer	2/4/2011
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)